

17638 U.S. PTO
09/08/03

REISSUE PATENT APPLICATION TRANSMITTAL

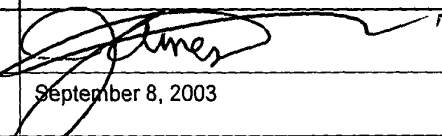
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|---|---|--------------------------|
| Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Attorney Docket No. | S1022.81090US00 |
| | First Named Inventor or Application Identifier | S1022.81090US00 |
| | Original Patent Number | 5,867,698 |
| | Original Patent Issue Date (Month/Day/Year) | February 2, 1999 |
| | Express Mail Label No. | EV 292 562 274 US |

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

| APPLICATION ELEMENTS (37CFR 1.173) | ACCOMPANYING APPLICATION PARTS |
|--|--|
| 1. <input type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> | 10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c) |
| 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | 11. <input type="checkbox"/> Original U.S. Patent for surrender a. <input type="checkbox"/> Ribboned Original Patent Grant b. <input type="checkbox"/> Statement of Loss (PTO/SB/55) |
| 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) | 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) |
| 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) | 13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations |
| 5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. §1.175) (PTO/SB/51 or 52) | 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) |
| 6. <input type="checkbox"/> Power Of Attorney | 15. <input checked="" type="checkbox"/> Preliminary Amendment |
| 7. Original U.S. Patent currently assigned <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (PTO/SB/96) | 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) |
| 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or larger table | 17. <input type="checkbox"/> Other _____ _____ _____ |
| 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. Statements verifying identity of above copies | |

21906 U.S. PTO
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| 18. CORRESPONDENCE ADDRESS | |
| Correspondence address below | |
| CUSTOMER NUMBER: | 23628 |

| | |
|---|--|
| 19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | |
| NAME | James H. Morris, Reg. No. 34,681 |
| SIGNATURE |  |
| DATE | September 8, 2003 |